

speak of exists?—I have visited only the Wellington, Oamaru, and Dunedin Hospitals. I have experience of no others.

2520. *The Chairman.*] You know nothing of the Christchurch Hospital?—No.

2521. *Mr. Chapman.*] So you do not know where to find this low rate of mortality you speak of?—No. I say that the death-rate ought to be low.

*Mr. Solomon:* You have it in Wellington.

2522. *Mr. Chapman.*] It was only one year. (To witness:) Do you know of hospitals in the colonies where erysipelas has not occasionally arisen?—I do not know that I do. In the best regulated hospitals it might arise occasionally. It might be brought in from the outside by visitors.

2523. You say that in a hospital in the condition in which you find the Dunedin Hospital you would be chary of conducting operations?—I should. Others have expressed the same opinion.

2524. But do you know that, as a matter of fact, the number of operations of the most difficult kind has increased constantly of recent years?—That is because the doctors have been encouraged by the great advance made in sanitary science; and seeing these operations being done in thorough safety and with such splendid results, with the aid of antiseptic precautions, I have no doubt the surgeons here have taken similar operations in hand, using the antiseptics.

2525. Has the Dunedin Hospital had a particularly bad reputation?—No, I do not think so. We have all known that its mortality has been high.

2526. That has been the general opinion of medical men?—People I have spoken to have always given that opinion about it. They say, however, that they will put up with it in the meantime: that they will do their best under existing circumstances; and that they will get a better one some day.

2527. You have spoken of special wards: do you say you think gynecological cases should have a special ward?—Yes, I think so.

2528. What other classes?—All lying-in cases.

2529. There are none of these here?—No; not that I know of.

2530. What other cases should have special wards?—I will just illustrate by the amount of air per hour per head that you want. In an ordinary medical case you want from 2,000 to 2,400 cubic feet of air per hour, but in a lying-in case you want between 3,000 and 4,000. For still worse cases, you want over 5,000 cubic feet of air per head per hour.

2531. And you cannot mix the cases up? Would you mix erysipelas with any other class of cases?—I should have them separate, and give them 3,000 cubic feet of space, and 5,000 cubic feet of air per head per hour.

2532. And phthisical cases?—Those are very unpleasant cases, but they are medical cases, and you have been asking me about special cases.

2533. Would you entirely separate them from medical cases?—I do not think I would. If you have plenty of ventilation you should be able to prevent communicating the danger. The danger of phthisis is in overcrowding.

2534. Then, you have spoken of the necessity of special wards for gynecological cases, ophthalmic cases, and other surgical cases; how many separate classes are required?—It will depend on the money you have to spend.

2535. *The Chairman.*] When you were in the Hospital yesterday, did you go into the basement?—No, I had no opportunity.

2536. Do you know anything about the kitchens?—No, I know nothing about them.

2537. *Mr. Solomon.*] Dr. Batchelor tells us that in his private practice in Dunedin for the last six or seven years he has operated on thirty-seven cases, and in not one has there been the slightest symptom of septic poisoning, while in the Hospital he has had eleven deaths accompanied by septic trouble. Knowing the condition of the Hospital, will that assist you to come to a conclusion as to its sanitary condition?—His experience confirms my own. I have never lost an operation which I performed outside. I performed all sorts of serious operations in Oamaru, and the only losses by septic poisoning were among those operated on in the Hospital. The Hospital has been built only ten or eleven years, and twenty-eight patients have been affected in this way.

Dr. Closs sworn and examined.

2539. *Mr. Solomon.*] What is your name?—Joseph Osborne Closs.

2540. What is your title?—M.B., C.M., Edinburgh.

2541. You were a student in the Dunedin Hospital before you went Home to England?—Yes.

2542. You were appointed as delegate from New Zealand to the Melbourne Congress, were you not?—It was to the Adelaide Congress.

2543. *The Chairman.*] What year?—That was in 1888, I think. That was the first Medical Congress in Australia; and then I was local secretary for New Zealand for the next Congress in Melbourne.

2544. *Mr. Solomon.*] Have you devoted any attention to the subject of gynecology?—I have, a little.

2545. And I suppose you have been through a good many hospitals?—I have seen a number in Australia and New Zealand. The Brisbane Hospital I have not seen, but I have visited the other principal ones.

2546. You have seen them principally in New Zealand?—Yes.

2547. Of all the hospitals you have seen in Australasia, which is the worst?—I should say that of the important hospitals the Dunedin Hospital is the worst constructed I have seen.

2548. Have you ever been in a hospital of the same size as the Dunedin Hospital which was worse than it is?—I do not think so.